

FORM TO BE USED BY PRISONERS IN FILING A COMPLAINT
UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. § 1983

IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF ARKANSAS

CIVIL DIVISION

CASE NO. 5:07 CV00040 gmm/hdy

FILED

U.S. DISTRICT COURT
EASTERN DISTRICT OF ARKANSAS

FEB 27 2007

JAMES W. McCORMACK, CLERK
By: [Signature] DEP. CLERK

I. Parties

In item A below, place your full name in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.

A. Name of plaintiff: LARRY Joe Williams
ADC # 63632

Address: P.O. Box 240, Tucker AR, 72168

Name of plaintiff: _____
ADC # _____

Address: _____

This case assigned to District Judge Moody

Name of plaintiff: _____ and to Magistrate Judge Young
ADC # _____

Address: _____

In item B below, place the full name of the defendant in the first blank, his official position in the second blank, his place of employment in the third blank, and his address in the fourth blank.

B. Name of defendant: MR. John Bias

Position: Director of Medical services

Place of employment: Arkansas Department of correction

Address: P.O. Box 8707 Pine Bluff, AR, 71611

Name of defendant: STATE OF ARKANSAS

Position: _____

Place of employment: _____

Address: _____

Name of defendant: ARKANSAS DEPARTMENT OF CORRECTION

Position: _____

Place of employment: _____

Address: _____

Name of defendant: MS MULLINS

Position: INFIRMARY ADMINISTRATOR

Place of employment: TUCKER, AR, ARKANSAS DEPT OF CORRECTION

Address: P.O. BOX 240, TUCKER, AR, 72168

II. Are you suing the defendants in:

- ☐ official capacity only
☐ personal capacity only
☒ both official and personal capacity

III. Previous lawsuits

A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes ___ No ☒

B. If your answer to A is yes, describe the lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline.)

☐ Parties to the previous lawsuit:

Plaintiffs: _____

Defendants: _____

☐ Court (if federal court, name the district; if state court, name the county):

NAME of Defendant DR. WASEEN SHAH

Position = Doctor OVER TUCKER UNIT INFIRMARY

Place of EMPLOYMENT TUCKER, AR. ARKANSAS DEPARTMENT OF CORRECTION

Address - P.O. Box 240 TUCKER, AR. 72168

NAME of Defendant C.M.S. "MEDICAL"

Position

Place of EMPLOYMENT

Address

NAME of Defendant

Position

Place of EMPLOYMENT

Address

- ☐ Docket Number: _____
- ☐ Name of judge to whom case was assigned: _____
- ☐ Disposition: (for example: Was the case dismissed? Was it appealed? Is it still pending?) _____
- ☐ Approximate date of filing lawsuit: _____
- ☐ Approximate date of disposition: _____

IV. Place of present confinement: Tucker, AR. 72168
P.O. Box 240 ARKANSAS Department of Correction

V. At the time of the alleged incident(s), were you:
(check appropriate blank)

- ☒ in jail and still awaiting trial on pending criminal charges
- ☐ serving a sentence as a result of a judgment of conviction
- ☐ in jail for other reasons (e.g., alleged probation violation, etc.)
explain: _____

VI. The Prison Litigation Reform Act (PLRA), 42 U.S.C. § 1997e, requires complete exhaustion of administrative remedies of all claims asserted, prior to the filing of a lawsuit. There is a prisoner grievance procedure in the Arkansas Department of Correction, and in several county jails. Failure to complete the exhaustion process provided as to each of the claims asserted in this complaint may result in the dismissal without prejudice of all the claims raised in this complaint.

A. Did you file a grievance or grievances presenting the facts set forth in this complaint?

Yes ☒ No ☐

B. Did you completely exhaust the grievance(s) by appealing to all levels within the grievance procedure?

Yes ☒ No ☐

800-4

STATE OF ARKANSAS)

COUNTY OF Jefferson) §AFFIDAVIT

I, LARRY JOE WILLIAMS, after first being duly sworn, do hereby swear, depose and state that: I have A hernia, I put A sick call slip in to Doctor shaw at the Tucker unit Infirmary A.D.C., I went to SEE DR. shaw on 11-21-06 he was going to limit my work and lifting, Give me A Bottom Bunk script And Pain Pills, He said They would not go to the expense to have my Hernia Fixed OR surgery, he Also stated it was life threatening could even cause Death If my Guts got in a certain way, I could cramp to Death, he showed me how to Push them back in my Guts to stop the Pain, he Also stated They

I further swear that the statements, matters and things contained herein are true and accurate to

the best of my knowledge, information and belief.

1-11-07
DATE

Larry Joe Williams
AFFIANT
429-98-0165
SOCIAL SECURITY #

SUBSCRIBED AND SWORN TO BEFORE ME, a Notary Public, on this 11th day of January, 2007.

Jennifer R. Newton
NOTARY PUBLIC

My Commission Expires: 10-14-09

NOTARY PUBLIC - ARKANSAS
JENNIFER R. NEWTON
JEFFERSON COUNTY
COMMISSION EXPIRES 10/14/2009

① VII

JAN-16-2007

Get to far out and will not go back in to get Immediately to the Infirmary. ON 11-27-2006 I checked ON the Informal Resolution Form this was A medical Emergency AND AGAINST DR. Shaw, STATING I AM VERY scared of Internal Bleeding, I was Also scared not Getting the medical Attention on The Seriousness that I AM in danger if my medical Problem PERSIST. 11-30-2006 A Sgt. Patrick Stephenson for the Department of Correction signed AND Answered my Informal here at The Tucker Unit, he stated that my hernia was noted by DR. Shaw to be Reducable. The medicine has not helped my Pain, The Pain medicine that was Prescribed is Ibuprofen #400mg AND is no help, my Pain is severe At Times Especially Raising up and down. Grievance # TU-06-00210. I filled out FOR medical ATTENTION ON 12-11-2006, I checked Emergency ON the medical with states "if Emergency check medical! my condition is life THREATENING. I AM still REFUSED SURGERY AN Treatment. I checked this is A medical Grievance TU-06-00210 Received ON 12-13-06 FROM Infirmary Manager (Administrator). Ms. Mullins, I Received my Response ON 12-19-2006 FROM Ms. Mullins she sent me A Correctional medical service Grievance Response this is A Correctional service that has control for medical the intire A.D.C. Ms Mullins "Response, Recommendation to contact medical If conditions worsen" I AM continuing to have Pain in my Lower stomach AN Genitals, Grievance # T.U. 06-00210 wardens/center supervisors Decision "STATED It's A medical Problem" THE only Response! ON 1-12-07 I was TRANSPORTED To The Diagnostic unit in Pine Bluff, where I was seen by A DR. Robert Scott when he EXAMINED me he STATED do I have A Hernia Belt I said yes 2 of them. DA Robert Scott showed my Hernia Back in my Guts, THEN said that's ALL he can do. THEN walked out of the Room.

"JANUARY-16-2007"

signed Larry Joe Williams

VIII. Relief

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

Adquate Medical ATTENTION
Punitive Damage of \$50,000 FROM EACH DEFENDANT
FROM EACH DEFENDANT FOR PAIN AND SUFFERING
IMMEDIATE Release FROM PRISON SO I CAN GET
MEDICAL ATTENTION WHERE THE STATE WON'T PROVIDE

I declare under penalty of perjury (18 U.S.C. § 1621) that the foregoing is true and correct.

Executed on this 16 day of January, 2007.

Larry Joe Williams
Signature(s) of plaintiff(s)

INFORMAL RESOLUTION FORM (Attachment 1)INIT/CENTER TUCKER

PLEASE PRINT

Name L. Williams ADC# 63632 Brks 4 Job Assignment PrisonIS THIS AN EMERGENCY SITUATION? YES ☒ NO ☐ If yes, why? LOTS OF PAIN AND INTERNAL BLEEDING

(An emergency situation is one in which you may be subject to a substantial risk or physical harm. It should not be declared for ordinary problems that are not of a serious nature.) If you marked yes, you may give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. You will be given a copy of this receipt by the designated problem-solving staff. REPRISALS: If you are harmed or threatened because of your use of the grievance form, report it immediately to the Warden.

Give a **BRIEF** statement of your complaint/concern. This statement must be specific as to the complaint, **dates**, places, personnel involved and how **you** were affected. **One issue** or incident per complaint form. Additional pages or forms will **not** be allowed.

I have a Hernia that is getting worse by the day. I was checked at Pine Bluff and here at Tucker Unit by DR. SHAH. He said "that indeed it was in bad shape". He said "Be careful with it". He said "It could be a life + death situation, that if my intestines got in a certain position that I could bleed to death in a matter of minutes". He said if I get to where I can't push them back in to get to the infirmary immediately. Medical staff is acting with "deliberate indifference" to my serious medical needs. I Am in pain and in danger of death. I Am being refused medical treatment.

Larry Williams
Inmate Signature

11-29-06
Date

THIS SECTION TO BE FILLED OUT BY STAFF ONLY.**STAFF RECEIPT AND ACTION TAKEN**

Patrick Stephenson

PRINT STAFF NAME (PROBLEM SOLVER)

Staff Code

Staff Signature / Date Received

Was this deemed an emergency? Yes ☐ No ☐Was there a need to contact medical? Yes ☐ No ☐ If yes, give name of person contacted?

Describe action taken to resolve complaint, including dates

Discussed with inmate that hernia was noted by MD Shah to be reducible, therefore hernia gel and pain medication were prescribed. Advised inmate that he would be put on MD call for 12/11/06

Was issue resolved? Yes ☒ No ☐Does inmate agree that issue was resolved? Yes ☒ No ☐

Patrick Stephenson
Staff Signature/Date

Larry Williams 11-30-06
Inmate Signature/Date

DISTRIBUTION: YELLOW - Inmate Receipt

(AFTER COMPLETION) PINK - Problem Solver Copy

BLUE - Grievance Officer

ORIGINAL - Given back to the Inmate After Completion

810-00

GRIEVANCE FORM - (Attachment 1A)**FOR OFFICE USE ONLY**

UNIT/CENTER

TuckerGrv. # 161-06-CC-210Date Received 12-13-06

Grievance Code: _____

PLEASE PRINTName LARRY WILLIAMS ADC# 63632 Brks 7 Job Assignment Inside Mgmt.IS THIS GRIEVANCE A MEDICAL GRIEVANCE? Yes ☒ No ☐

All complaints/concerns should first be handled informally before proceeding to the formal grievance procedure.

THE ORIGINAL INFORMAL RESOLUTION FORM SHALL BE ATTACHED**Informal Action Taken**Have you discussed this problem with your designated problem-solver? Yes ☒ No ☐ If yes, give date 11-30-06Why do you feel the informal resolution was unsuccessful? I still have not receivedtreatment for my hernia.

Please give a **BRIEF**, clear statement of your grievance. This statement must be specific as to the complaint, **dates**, places, personnel involved, how **you** were affected and what you want to resolve the issue. **One issue** or incident per grievance. Additional pages or forms will **not** be allowed and if attached, will result in the automatic rejection of this grievance without content review.

I HAVE A HERNIA AND WENT TO SEE DR. SHAH ON 11-21-06 AND HE SAID HE WAS GOING TO LIMIT MY WORK MY LIFTING, GIVE ME A BOTTOM HOOK PASS AND PAIN PILLS. HE SAID THEY WOULD NOT GO TO THE EXPENSE I HAVE IT FIXED OR TAKE THE TIME EVEN THOUGH IT COULD BE LIFE THREATENING. HE SAID IT COULD BE A MFC AND DEATH MATTER. HE SAID IF MY GUTS GOT IN A CERTAIN WAY I COULD CRAMP TO DEATH IN A SHORT PERIOD OF TIME. HE SHOWED ME HOW TO PUSH THEM BACK IN STOP THE PAIN. HE ALSO SAID IF THEY GET TOO FAR OUT AND WILL NOT GO BACK IN TO GET TO THE INFIRMARY IMMEDIATELY. DR. SHAH HAS ACTED WITH DELIBERATE INDIFFERENCE TO MY SERVICES MEDICAL NEEDS. I NEED SURGERY AND HE HAS REFUSED TO SEND ME TO GET IT. 'THANK YOU'

IS THIS AN EMERGENCY SITUATION? YES ☒ NO ☐ If yes, why? Severe pain andinternal bleeding.

(An emergency situation is one in which you may be subject to a substantial risk or physical harm. It should not be declared for ordinary problems that are not of a serious nature.) If you marked yes, you may give this completed form to any officer or department employee who shall sign the attached emergency receipt, give you the receipt and deliver it without undue delay to the ARO, the Warden/Center Supervisor or, in their absence, to the Unit/Center Assistant Warden. REPRISALS: If you are harmed or threatened because of your use of the grievance form, report it immediately to the Warden.

Larry J. Williams

INMATE SIGNATURE

12-11-06

DATE

(TO BE FILLED OUT BY THE RECEIVING OFFICER)

RECEIPT FOR EMERGENCY SITUATIONS

OFFICER (Please Print) _____ Signature _____

FROM WHICH INMATE? _____ ADC# _____

ACKNOWLEDGMENT OF GRIEVANCE

TO: Inmate WILLIAMS, LARRY J. ADC# 63632 Unit TUCKER
FROM: Wendy Kelley, Deputy Director
RE: Receipt of Grievance TU06-00210
DATE: December 22, 2006

Please be advised, the appeal of your grievance dated NO GRIEV.
was received in my office on this date 12-21-06

You will receive a response from this office by

OR

- ☐ This grievance is being returned to you because the time allowed for appeal has expired
- ☒ This grievance is being returned to you because you have not attached
- ☒ the informal resolution (Attachment 1)
 - ☒ the original grievance form (Attachment 1a)
 - ☐ the Warden's/Center Supervisor's Decision (Attachment 2)
 - ☒ the Infirmary Response and/or the Mental Health Response
 - ☐ a clear statement of appeal (Back of Attachment 2)

Return your grievance with the checked items if you wish to continue the appeal process.

CMS GRIEVANCE RESPONSE

Page 1 of 1

CMS GRIEVANCE RESPONSE

GRIEVANCE#: TU-06-00210

| | | |
|-----------------------------|----------------------|-----------------|
| INMATE: Williams, Larry J. | ADC#: 063632 | DOB: 07/23/1950 |
| Facility: Tucker Unit [B01] | | Barracks: BK04 |
| Grv. Date: 12/13/2006 | Date Infirmary Recd: | Response Date: |

Interview: Required ☐ Deferred ☒**Inmate's Complaints: (Code:)**

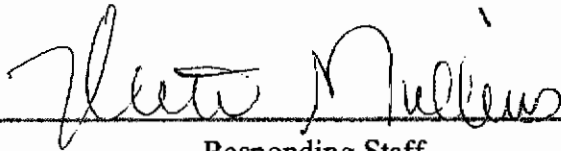
I have a hernia and went to see Dr. Shah on 11-21-06 and he was going to limit my work my lifting, give me a bottom bunk pass and pain pills. He said they would not go to the expense to have it fixed or take the time even though it could be life threatening. He said I could be a life and death matter, he said if my guts got in a certain way I could cramp to death in a short period of time. He showed me how to push them back in to stop the pain. He also said if they get too far out and will not go back in to get to the infirmary immediately. Dr. Shah has acted with deliberate indifference to my serious medical needs. I need surgery and he has refused to send me to get it. Thank You

Responses:

In review of your case, Dr. Shah is monitoring your condition and requested a hernia guard which you have been provided. on 12/4/06. You have been scheduled to see Dr. Shah on December 19, 2006 to further review your situation, from your continued complaint of this medical condition.

Recommendations:

To contact medical if condition continues to worsen.



Responding Staff



Date

Follow Up Required?: Yes ☒ No ☐

DEC 13 2006

INMATE NAME: Williams, Larry J.

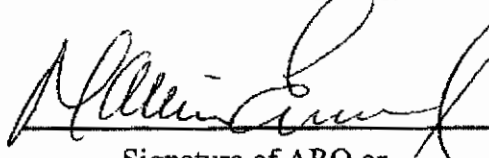
ADC #: 063632C

GRIEVANCE #: TU-06-00210

Warden's Office
 Arkansas Department of Correction
 Tucker Unit

WARDEN'S/CENTER SUPERVISOR'S DECISION

I have determined that your grievance is a medical matter. Therefore, I have forwarded your grievance to the Medical Administrator who will provide you with a written response and will interview you within twenty (20) working days of receipt of your grievance. If the response you receive is not satisfactory, you may appeal this response to the Deputy Director for Health and Correctional Programs. If you have medical needs that you believe are urgent, submit a Sick-call Request or request of Interview to the Medical Administrator.


 Signature of ARO or
 Warden's/Supervisor's Designee

Title

Date

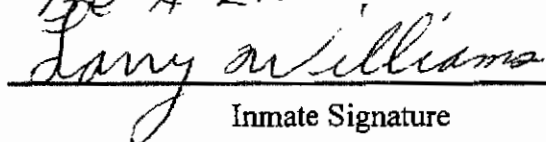
12-13-06

INMATE'S APPEAL

If you are not satisfied with this response, you may appeal this decision within five days by filling in the information requested below and mailing it to the appropriate Deputy/Assistant Director. Keep in mind that you are appealing the decision to the original complaint. Do not list additional issues which are not part of your complaint.

WHY DO YOU NOT AGREE WITH THE RESPONSE?

THEIR HAS NEVER BEEN A DECISION YET
 ALL I GET IS THE RUN AROUND FOR THE LAST
 TWO MONTHS, WHILE MY CONDITION KEEPS GETTING
 WORSE. IF YOU ALL ARE NOT GOING TO HELP ME YOU
 NEED TO RELEASE ME AND LET ME GET IT DONE
 THE DOCTOR HIS SELF SAID IT COULD VERY EASLEY
 BE A LIFE AND DEATH MATTER. I NEED HELP!


 Inmate Signature

#63632

ADC#

12-18-06

Date

RECEIVED
 OFFICE OF THE
 INVESTIGATOR

DEC 22 2006

HEALTH & CORRECTIONAL PROGS.
 ARK. DEPT. OF CORRECTION

Back of Attachment II

INMATE NAME Williams, Larry ADC 063632 GRIEVANCE TU06-00210

DEPUTY/ASSISTANT DIRECTOR'S DECISION

You grieve there has been no decision concerning your hernia treatment.

Records reflect you were evaluated by Dr. Robert Scott, in the surgery clinic, on January 12, 2007. His diagnosis was a right inguinal hernia which is easily reducible. He recommended that you continue to wear a truss and take medications for any discomfort you may experience. You are to be re-evaluated in six months.

If this problem worsens before your next surgical evaluation, return to sick call for assistance.

Any issue regarding your release date should be addressed to administration.

This appeal has been addressed and your appeal has no merit.


WENDY KELLEY, DEPUTY DIRECTOR

2/21/07
DATE

Please be advised that if you appeal this decision to the U. S. District Court a copy of this Deputy/Assistant Director must be attached to any petition or complaint or the Court must dismiss your case without notice. You shall also be subject to paying filing fees pursuant to the Prison Litigation Act of 1995.